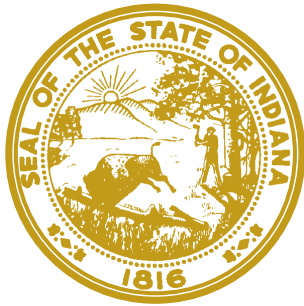


INDIANA STATE DEPARTMENT OF HEALTH WORKFORCE DEVELOPMENT PLAN

JUNE 2018-JUNE 2020



Indiana State
Department of Health



Indiana State Department of Health

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Indiana State Department of Health

Agency Profile

Mission & Vision Statement

Vision statement: A healthier and safer Indiana

Mission statement: To promote, protect and improve the health and safety of all Hoosiers.

Population Served

The Indiana State Department of Health (ISDH) is located in Indianapolis, Indiana, and serves the entire state. Local health departments work independently to focus on the needs of each county or municipality. Indiana has 93 local departments in 92 counties throughout the state. Indiana is a decentralized state as local health departments do not report to ISDH. Rather, ISDH provides support as needed to those health departments.

Indiana Fast Facts - US Census Bureau¹

Population Estimate (July 2017) – 6,666,818

- Percent Female: 50.7%
- Percent Male: 49.3%

Race and Hispanic Origin

- White alone 85.6%
- Black or African American 9.7%
- American Indian and Alaska Native alone 0.4%
- Asian alone 2.2%
- Native Hawaiian and Other Pacific Islander alone: 0.1%
- Two or More Races: 2.0%
- Hispanic or Latino: 6.8%
- White alone, not Hispanic or Latino: 79.6

ISDH Strategic Priorities

According to the 2018-2020 Agency Strategic Plan, the ISDH has identified the following strategic priorities

1. Focusing on social determinants of health, specifically access to health care
2. Improving the public health infrastructure, the quality and culture of health
3. Improving health outcomes and reducing health disparities
 - a. Reduce rates of chronic disease
 - b. Address the opioid epidemic
 - c. Improve birth outcomes and reduce infant mortality

Governance

ISDH is an executive branch agency that reports to the Governor. ISDH is advised by an Executive Board comprised of 11 members appointed by the Governor. They include: three (3) licensed physicians, one (1) sanitary engineer, one (1) pharmacist, one (1) dentist, one (1) veterinarian, one (1) registered nurse, one (1) hospital administrator, one (1) health facility administrator, and one (1) other person. The Executive Board is established by Indiana Code 16-19-2-1.

Organizational Structure

Indiana State Department of Health is comprised of four commissions and nine support offices/divisions.

The Commissions include: Health Care Quality and Regulatory Commission, Health and Human Services Commission, Public Health Protection and Laboratory Services Commission, Tobacco Prevention and Cessation Commission.

Support offices/divisions include: Office of Public Health Performance Management, the Epidemiology Resource Center, HIV/STD, Office of Public Affairs, Finance, Office of Legal Affairs, Healthy Hoosiers Foundation, Office of Technology Compliance, and Local Health Department Outreach.

The State Health Commissioner is appointed by the Governor. The State Health Commissioner oversees the Chief Medical Officer, Deputy Commissioner and State Epidemiologist, Chief of Staff, Health and Human Services Commissioner, and Public Health and Laboratory Services Commissioner.

The Chief Medical Officer oversees the following divisions: Tobacco Prevention and Cessation and Health Equity and Minority Wellness.

The Deputy Commissioner/State Epidemiologist oversees the Office of Public Health Performance Management, the Epidemiology Resource Center, and HIV/STD/Viral Hepatitis.

The Chief of Staff oversees the following: Office of Public Affairs, Finance, Office of Legal Affairs, Healthy Hoosiers Foundation, Office of Technology Compliance, and the Healthcare Quality and Regulatory Commission. The Healthcare Quality and Regulatory Commission includes the following divisions: Long-term Care, Acute Care, Vital Records, Program Development and Quality Initiative, and Health Care Education and Quality.

The Health and Human Services Commissioner oversees the following divisions: Women, Infants and Children; Maternal and Child Health; Children's Special Health Care; Women's Health; Chronic Disease; Primary Care and Rural Health; Nutrition and Physical Activity; Oral Health; Trauma and Injury Prevention; Child and Fatality Review; and the Center for Deaf and Hard of Hearing.

The Public Health Protection and Laboratory Services Commissioner oversees the following divisions: Laboratories, Environmental Public Health, Food Protection, Emergency Preparedness, Lead and Healthy Homes and Immunization. (The ISDH organizational chart can be found in Appendix I)

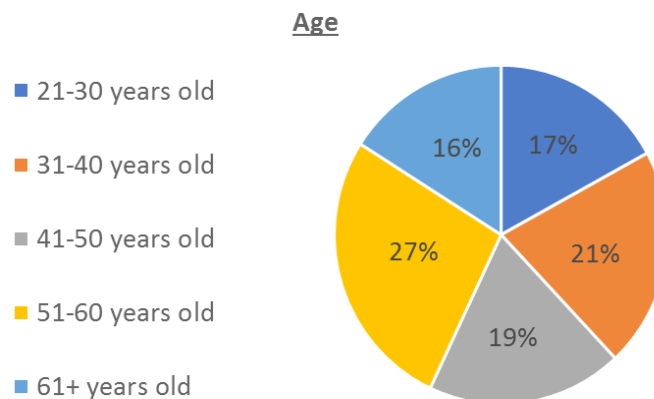
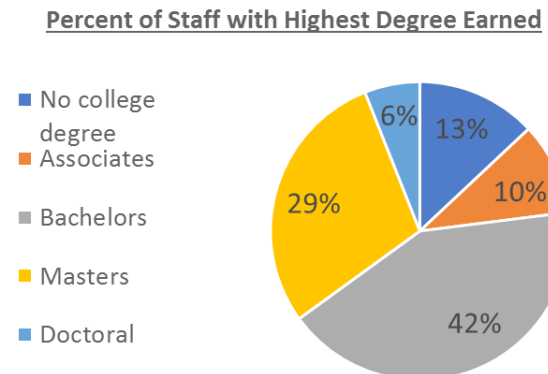
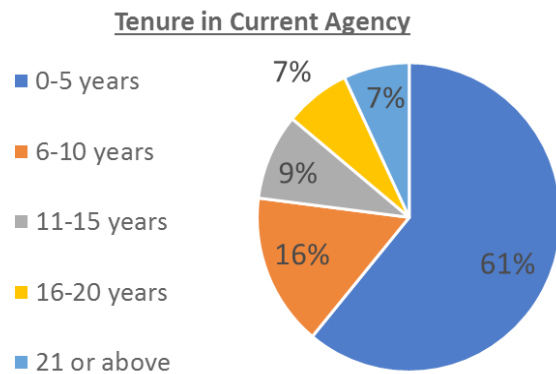
Learning Culture, Adaptation and the Workforce Development Plan

The ISDH continues to promote and provide education opportunities for the public, medical professionals and government employees. Public health practice is constantly evolving and advancing, and the ISDH remains committed to constantly adapting and evolving this plan and its implementation. The ISDH uses the latest technology to communicate and educate our workforce through web-based products, including the Indiana Train (IN-TRAIN) Platform. ISDH is committed to keeping its staff up-to-date in fields that are advancing, including epidemiology, emergency preparedness and cultural competencies. This Workforce Development Plan is never complete but is an ongoing and evolving effort that adapts to new opportunities for the health and wellness of the Hoosier state.

Workforce Profile

ISDH's workforce tends to be more educated than the national average. At ISDH, 77% of staff have a bachelor's degree or higher while the national average is 65%. However, ISDH's staff has a high rate of turnover. A significant portion of staff have worked at the agency for five years or fewer. ISDH lags behind the national average in tenure from after five years at the agency.

About 18% of the ISDH workforce is expected to retire in the next five years. New talent will need to be recruited as well as maintained. ISDH encourages employees to continually improve their skills, knowledge and expertise. ISDH also encourages promotions from within the agency to create new professional opportunities.



Workforce Policies

All policies are found on the Indiana State Department of Health's website at www.in.gov/isdh.

Workforce Demographics

Total Number of ISDH Staff: 904

State Employee Demographics

| Category | # (%) |
|--|-------------|
| # of State Employees: | 740 |
| Gender | |
| Female: | 534 |
| Male: | 206 |
| Race | |
| Hispanic or Latino: | 11 (1.5%) |
| American Indian or Alaska Native: | 3 (.4%) |
| Asian: | 32 (4.3%) |
| Black: | 90 (12.2%) |
| Hawaiian or Other Pacific Islander: | 0 (0%) |
| White: | 602 (81.4%) |
| Two or more: | 2 (.3%) |
| Age | |
| Builders Generation (born 1925-1964): | 9 |
| Baby Boomer Generation (born 1947-1964): | 304 |
| Generation X (born 1965-1979): | 233 |
| Millennial Generation (born 1980-1994): | 193 |
| Generation Z (born 1995-2016): | 1 |
| Primary Professional Disciplines/Credentials: | |
| Executive: | 3% |
| Manager: | 6% |
| Supervisor: | 15% |
| Non-Supervisor: | 76% |
| Retention and Tenure | |
| 16 years +: | 14% |
| 11-15 years: | 9% |
| 6-10 years: | 16% |
| 0-5 years: | 61% |
| Contractor Demographics | |
| ISDH FTE Contractors | 164 |
| Gender | |
| Female | 97 |
| Male | 31 |
| Gender Unknown | 36 |
| Race | |
| American Indian or Alaska Native | 1 |
| Asian | 6 |
| Black or African American | 13 |
| Hispanic or Latino | 3 |
| Two or More Races | 5 |
| White | 91 |
| Race Unknown | 45 |
| Age | |
| 20-40 | 88 |
| 41-60 | 61 |
| 61-75 | 15 |

Competencies and Educational Requirements

ISDH has adapted a set of skills for the broad practice of public health, which serves as the framework for ISDH to understand, assess and meet the training needs of its employees. The set of skills has been adapted from the Core Competencies for Public Health Professionals which was developed by the [Council of Linkages between Academia and Public Health Practice](#). These competencies are set up in three different tiers and are composed of eight different dimensions.

Key dimensions for core competencies include:

- Analytical/Assessment
- Policy Development/Program Planning
- Communication
- Cultural Competency
- Community Dimensions of Practice
- Public Health Sciences
- Financial Planning and Management
- Leadership and Systems Thinking

The following is a table of definitions for Core Competencies showing levels of professionalism which will be used when outlining a future implementation plan.

| Guidance Definitions for Core Competencies | |
|--|---|
| Tier 1 | <u>Front Line Staff/Entry Level:</u> Core competencies apply to non-management public health professionals who carry out the day-to-day tasks of public health organizations. Responsibilities of these professionals may include data collection and analysis, fieldwork, program planning, outreach, communications, customer service and program support. |
| Tier 2 | <u>Program Management/Supervisory Level:</u> Core competencies apply to the public health professionals in program management or supervisory roles. Responsibilities of these professionals may include developing, implementing and evaluating programs; supervising staff; establishing and maintaining community partnerships; managing timelines and work plans; making policy recommendations; and providing technical expertise. |
| Tier 3 | <u>Senior Management/Executive Level:</u> Core competencies apply to public health professionals at a senior management level and to leaders of public health organizations. These professionals typically have staff who report to them and may be responsible for overseeing major programs or operations of the organization, setting a strategy and vision for the organization, creating a culture of quality within the organization, and working with the community to improve health. |

Current Trainings

The table below shows the current training expectations of all employees. These trainings are required and are considered during annual reviews. Other divisions and offices require a variety of trainings. These can be found in Appendix II.

| Training | Who | Competency Addressed | Frequency |
|--|---|----------------------|--------------|
| HIPAA (Health Insurance Portability and Accountability Act) | All Staff, Interns, Independent Contractors | Policy | Initial Hire |
| Ethics | All staff | Policy, Leadership | Annually |
| Sexual Harassment | All staff, Interns, Independent Contractors | Policy | Annually |
| Public Records | All staff, contractors | Policy | Bi-Annually |

2018-2020 ISDH Workforce Development Goals

| Goal 1: Continuously train ISDH staff toward public health core competencies | | |
|---|---|---|
| Objective 1 – Improve Leadership and Systems Thinking | | |
| Strategy | Description of materials/topics | Schedule |
| Strategy 1 - ISDH will expand and improve its Leadership at All Levels (LAAL) program. | Three, 10-12 week courses covering more than 30 leadership topics/ concepts including: communication, appreciate inquiry, authentic leadership, coaching, crisis leadership, systems thinking, change management, team building and time management | One course offered each quarter. Offered in this order: Advanced, Intermediate and Core. Order from 2018 is Q1 - Advanced, Q2 - Intermediate, Q3 - Core, Q4 -Advanced. 2019 starts with Intermediate in Q1. |
| Strategy 2 - ISDH will hold an annual leadership forum to support the leadership development of staff | A day-long forum with guest speakers and professional development opportunities for participants focused on leadership development | Q4 - 2018, 2019 |
| Strategy 3 - ISDH will expand and support a mentorship program | Mentorship program includes these topics and more: Getting Acquainted, Beyond Listening and Learning, Building Connections, Encourage Dialogue and Debrief Experiences | On-going. Active recruitment at bi-weekly orientation (Mentees). Mentor Recruitment every three quarters aligned with Advanced LAAL course graduation. |
| Strategy 4 - ISDH will engage supervisor- and manager-level staff in improving leadership and systems thinking skills | Meeting topics will include: Systems Thinking, Adaptive Leadership, Quality Improvement, Agency Alignment, Public Health Best Practices, 10 Essential Public Health Services, Finance, etc. | Bi-monthly, odd months |
| Strategy 5 - ISDH will expand the use of QI teams with a focus on improving internal systems. (See the Performance Management & Quality Improvement Plan) | Proliferation and development of LEAN and Raid improvement teams. Training of staff in QI practices. | Ongoing, monthly |
| Strategy 6 - ISDH will build internal capacity to develop and improve strategic planning across divisions and commissions | Development of an inter-agency strategic planning team that assists divisions, commissions and offices with strategic planning (technical assistance) | 2018 - 2 projects 2019 - 4 projects |

| Objective 2 – Improve Public Health Sciences Trainings | | |
|--|---|--------------------|
| Strategy | Description of Materials | Schedule |
| Strategy 1 - ISDH will implement a tracking mechanism of existing trainings to establish a baseline of Continuing Education (CE) offered at ISDH | Excel tool tracking existing CE within the agency | Tracked annually |
| Strategy 2 - ISDH will expand Continuing Education offerings | Expanded CE will include: QI and LEAN practitioner training, leadership and team facilitation, 4+ division or office specific trainings | Monthly |
| Strategy 3 - ISDH will work to systematically incorporate CE in policy and process across the agency | Work with executive staff to develop an agency wide CE policy. Include CE in new-hire orientation and supervisor/manager meetings | Bi-weekly, monthly |
| Objective 3 – Improve Cultural Competency | | |
| Strategy | Description of Materials | Schedule |
| Strategy 1 - ISDH will train staff in, and improve competency of, public health cultural competencies | Cultural competency workshops covering: cultural knowledge and cultural differences, health equity training, strategies for working with racial/ethnic populations, the principles of interpreter services, and discussion of four different cultures (African American, Hispanic/Latino, Asian/Pacific Islander, and American Indian/Alaskan Native) | Monthly |

Goal 2: Improve organizational systems and culture to foster a positive and forward-thinking State Health Department (culture of excellence)

Objective 1 – Increase employee buy-in of the Agency mission by improving connection between individual employee work profiles and the overall Agency mission.

| Strategy | Description of Materials | Schedule |
|---|---|------------------------------|
| Strategy 1 - ISDH will develop tools and processes to align division and section level strategic planning with the Agency strategic plan, performance management, and current agency activities to create clear integration with Agency goals and objectives. | Identification and implementation of a strategic planning and performance management tool to begin developing comprehensive alignment within the agency | Bi-monthly |
| Strategy 2 - ISDH will integrate work profiles/performance appraisals with public health core competencies and ongoing agency strategic planning | Education of supervisors and managers on public health core competencies. Template tools and processes to create and update work profiles/job descriptions to include core competencies | Bi-monthly, starting in 2019 |

Objective 2 – Support new employees and increase new employee satisfaction

| Strategy | Description of Materials | Schedule |
|--|--|-----------------|
| Strategy 1 - ISDH will increase and maintain high levels of satisfaction among new staff through integrated on-boarding and orientation. | Measurement of satisfaction through survey tools for new-hires. Onboarding process will include HR, admin/building services information, team-building, and introductions to quality improvement and leadership principles | Bi-weekly |
| Strategy 2 - ISDH will expand and support the mentorship program among new-hires | Promotion of Mentorship program (described above) at on-boarding/orientation | Bi-weekly |

| Objective 3 – Increase employee satisfaction | | |
|--|---|----------------------------|
| Strategy | Description of Materials | Schedule |
| Strategy 1 - ISDH will assess annually the satisfaction of staff to identify gaps, barriers, areas of improvement, and what works. | PH WINS Assessment and/or culture of quality assessment completed | Annually |
| Strategy 2 - ISDH will integrate the language of “public service” and attitudes related to public service into the internal and external communications of ISDH. | Assessment of service and servant attitude of staff via surveys and focus groups. Integration of service/ public service principles in internal and external communications | Every 6 months |
| Strategy 3 - ISDH will increase opportunities and events for networking and staff enjoyment | Increased assessment of employee satisfaction at employee events | Bi-monthly |
| Objective 4 – Increase satisfaction of supervisors and managers | | |
| Strategy | Description of Materials | Schedule |
| Strategy 1 - ISDH will specifically engage supervisors and managers- staff in professional development | Meetings include: systems thinking, adaptive leadership, quality improvement, agency alignment, public health best practice, 10 essential public health services, etc. | Bi-monthly |
| Strategy 2 - ISDH will assess and provide strategies to address organizational culture | Culture of Quality Assessment tool | Annually |
| Strategy 3 - ISDH will implement succession planning strategies | ISDH implementation of the State of Indiana's Monarch Initiative. This initiative includes specific succession planning strategies for state agencies. | January 2019-December 2019 |

| Goal 3 – Improve Indiana’s Public Health Workforce | | |
|--|--|---|
| Objective 1 – Support training of new public health professionals | | |
| Strategy | Description of Materials | Schedule |
| Strategy 1 - ISDH will support pre-public health professionals by increasing and improving its internship program | More internships offered and more interns placed agency-wide. Inclusion of public health core competencies in internships opportunities | General internship cycle follows 3 semesters, spring (Jan-May), summer (June-August), and fall (Sept-Dec) |
| Strategy 2 - ISDH will support pre-public health professionals by increasing and improving our engagement with post-secondary public health students | Public health students are invited to engage with agency staff through activities, field-trips, job-shadowing and class presentations. | Quarterly |
| Objective 2 – Support training of current public health professionals | | |
| Strategy | Description of Materials | Schedule |
| Strategy 1 - ISDH will increase and expand trainings offered to local health departments | Webinars offered to LHDs about QI, leadership, divisional trainings, the annual Public Health Nurses Conference, and information about timely public health issues | Twice-a-year |
| Strategy 2 - ISDH will increase and expand online and digital workforce development through the INTrain platform. | Increase divisions and offices using INTrain platform for CE and other trainings. | Monthly |

Potential Barriers

ISDH remains committed to sustaining and improving its highly trained workforce. However, several potential barriers may impact the agency's ability to close the gaps and reach the identified goals.

External - Changes in state political leadership

Because the State Health Commissioner is appointed by the Governor, changes in state political leadership may cause turnover at the executive staff level. Lack of continuity at the highest levels of leadership can create difficulty in sustaining efforts or create the need to shift priorities.

This Workforce Development (WFD) Plan includes strategies to address this barriers. ISDH will develop tools and processes to align division and section level strategic planning with the agency strategic plan, performance management, and current agency activities to create clear integration with agency goals and objectives. ISDH believes that the development of succession planning tools specific to appointed leadership will improve transitions between administrations and ensure awareness of critical functions.

External - Large public health events/crisis

Unforeseen, large-scale public health events or crises may stretch agency capacity and divert resources from workforce development and training.

This WFD Plan includes strategies to address this barrier. ISDH will increase and expand trainings offered to local health departments and ISDH will increase and expand online and digital workforce development through the INTrain platform. By increasing public health capacity state-wide ISDH will be helping increase local public health practitioners' ability to respond and assist with large-scale public health events and crises.

External - Federal funding and support

ISDH and the Office of Public Health Performance Management rely heavily on federal funds to complete these workforce development goals. Changes in the federal funding levels general support of public health activities may impact ability to achieve workforce development goals.

The Office of Public Health Performance Management with in ISDH is working to address this barrier. They will stay abreast of federal funding conversations, recommendations, and best practices to be as competitive as possible for federal grant dollars.

Internal - High turnover

ISDH has high turnover. While new staff can be an asset in creating new culture, systems and processes, turnover can also be a potential barrier. High turnover means more resources must be used to train new staff in tier 1 competencies rather than focusing on higher level competencies found in tiers 2 and 3.

OPHPM is working on improving succession planning through the Monarch Initiative and believes that better succession planning will help mitigate some negative impacts of turnover. OPHPM will also continue to investigate reasons for high turn-over, particularly with new and low-tenure staff. The reasons for the turn-over are not clear from our data.

Internal - Support from supervisors and managers

ISDH has identified that supervisors tend to be the most frustrated and unhappy with their work at ISDH. ISDH is focusing significant efforts in this area to help achieve our goals. This WFD Plan has a number of strategies addressing the needs of Supervisors. ISDH will engage supervisors and managers in professional development, provide strategies to address organizational culture, and implement succession planning strategies. Specific focus on this level of employee will yield benefits for supervisor and the teams they lead.

Workforce Assessment and Alignment with ISDH Strategic Planning Goals and Office of Public Health Performance Management (OPHPM) Goals

In 2017, ISDH conducted a series of assessment and strategic planning processes germane to workforce development. Staff and workforce development needs were assessed using the ASTHO Public Health Workforce Interests and Needs Survey (PHWINS) tool, agency-wide and OPHPM needs assessments, and SWOT analysis that were a part of two strategic planning processes. These took place in 2017. The results of these assessments and processes elevated three (3) key areas of focus related to Workforce Development. These were:

- Improving Employee Satisfaction
- Addressing Health Equity and Social Justice Principles
- Building Internal Capacity to Understand and Participate in the Creation and Implementation of Agency Strategies, Planning, Programs and Services

Employee Satisfaction - Addressing Supervisor-level Satisfaction

From the PHWINS data we know that the satisfaction of supervisors lags behind both the national average and the overall agency. For example, only 56% of supervisors somewhat/strongly agree that – “I recommend my organization as a good place to work.” This is much lower than the overall agency (71%) and the national average (69%). Additionally, non-supervisors (80%), managers (82%) and executives (80%) say they are “somewhat/very satisfied with the organization” while only 62% of supervisors are “somewhat or very satisfied with the organization.” Supervisors have a major impact on their teams and on the culture of the agency. ISDH will work to improve this satisfaction rate.

From our the agency strategic planning process we identified that ISDH will work to improve organizational health and be an employer of choice by fostering a culture of organizational excellence and by working to create a more supportive work environment.

Addressing Health Equity and Social Justice Principles

Non-supervisors (26%) and supervisors/managers (36%) believe that incorporating “health equity and social justice principles into planning for programs and services” has high importance but low skill within ISDH. ISDH will incorporate these principles and skills into trainings for all staff.

From our agency strategic planning process we identified specific strategies that include working to ensure the agency considers the health of minority and disparate populations and working to reduce racial/ethnic disparities in infant mortality. Within the Agency OPHPM identified the goal to create an agency-wide health equity policy.

Building Internal Understanding of Agency Strategies, Planning, Programs, and Services

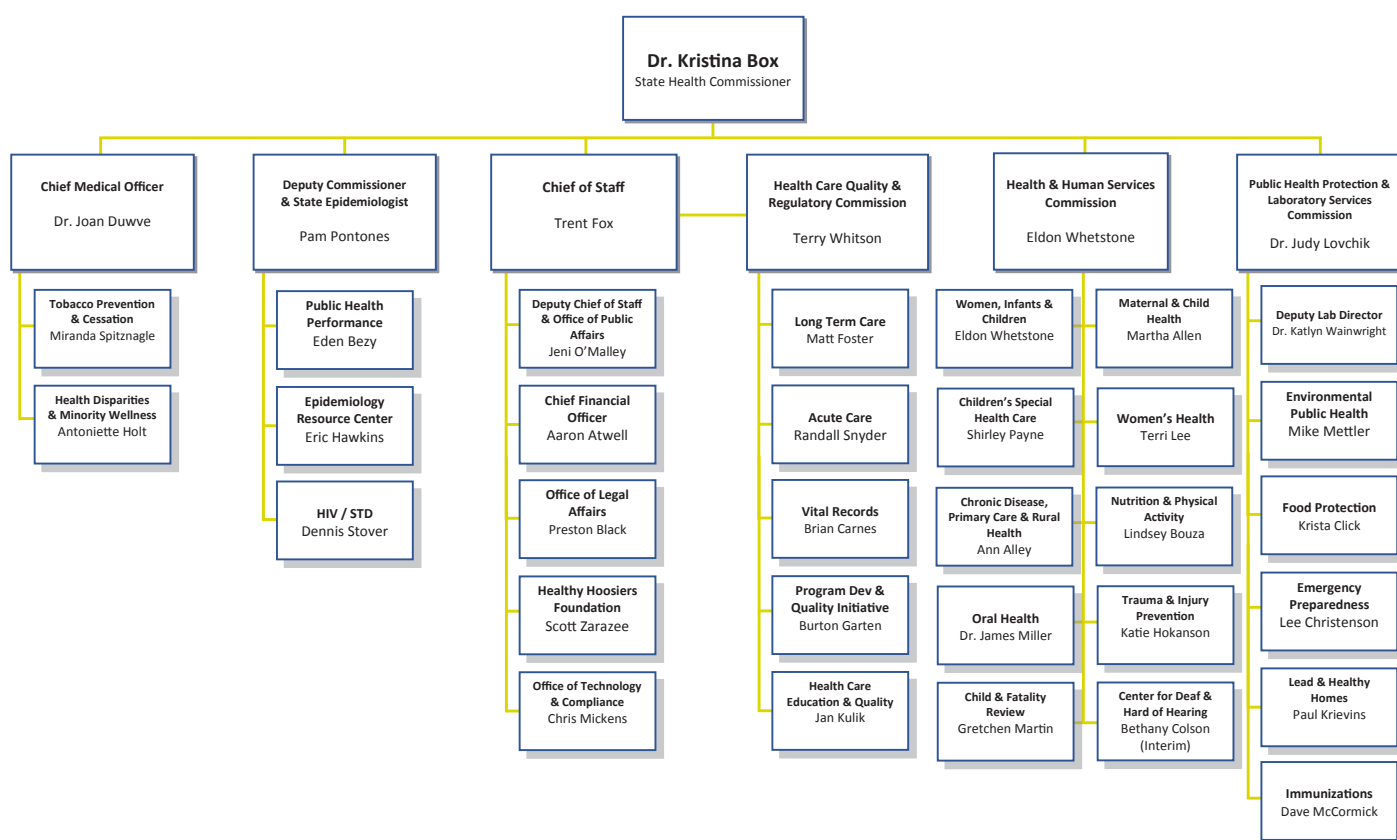
Non-supervisory staff expressed their highest needs in describing:

- How public health funding mechanisms support agency programs and services (41%),
- Value of an agency business plan (40%),
- Financial analysis methods applicable to program and service delivery (37%),
- Influence of internal changes on organizational practices (37%),
- Value of community strategic planning that results in a community health assessment or community health improvement plan (37%)

ISDH will implement strategies to increase the workforce's ability to understand, describe, and eventually contribute to these planning and organizational processes.

From our agency strategic planning process we identified the strategy to strengthen internal partnerships. Within the agency, OPHPM identified four of its own goals to build internal understanding: Foster and maintain a culture of quality within the agency, develop and Implement QI processes integrated into organizational practice, programs, processes and interventions, improve workforce development infrastructure, and align the agency toward a shared vision.

Appendix I – Organizational Chart



Updated: 4-16-2018

Appendix II – Division and Office Level Trainings

This table shows the current training expectations of different divisions and offices across ISDH. Depending on the training and program these trainings can be required for staff and can be considered during annual reviews.

| Current ISDH Trainings | | | |
|------------------------|-----------------------------------|--|----------|
| Divisions | Staff Members | Training | Duration |
| Acute Care | Surveyors - Hospitals | Basic ACS | |
| | | Basic Writing | |
| | | Hospital Basic 1 | |
| | | Hospital Basic 2 | |
| | | Community Health Centers Basic Surveyor Training | |
| | | Psychiatric Residential Treatment Facilities Surveyor Training | |
| | Surveyors - Hospice; ESRD; HHA | Basic ESRD | |
| | | STAR Training | |
| | | ESRD Annual Update | Annually |
| | | Basic Hospice | |
| | | Basic HHA | |
| | | Basic Writing | |
| Long Term Care | ICF/IID | Basic ICF/IID | |
| | | Basic Writing | |
| | LSC | NFPA Certified Fire Inspector 1 | |
| | | Basic Life Safety Code Course | |
| | | Abuse and Neglect | |
| | | NFPA 99 | |
| | | Fire Safety Evaluation System/Health Care | |
| | | Fire Safety Evaluation System/Board and Care | |
| | | Advanced LSC: Sprinkler Systems | |
| | | Advanced LSC: Fire Alarm Systems | |
| | | Advanced LSC: Building Construction | |
| | | Basic Writing | |
| | All/unknown | Basic LTC | |
| | | Basic Writing | |
| | | Infection Control - Series of 3 Courses | |
| | | Dementia Training | |
| | | Foundational Investigative Skills | |
| | Director of Health Care Education | State Training Coordinators Course | |
| | | Federal MDS/RAI | |
| | Training Manager | State Training Coordinators Course | |
| | MDS Nurse | Federal MDS/RAI | |
| | Upper Managers/ Supervisors | AHFSA | |
| | | SADOC/SETI | |
| | | Aspen Course for Beginner | |
| | | Aspen Course for Advanced | |

Current ISDH Trainings

| | | | |
|---|---|--|----------|
| Chronic Disease | Primary Care/Rural Health - Cancer Control | Knowledge Services Orientations Training | |
| | | Red Dot Training | |
| | | GW Cancer Center's | |
| Center for Deaf and Hard of Hearing Education | All Staff | CPR/First Aid | Annually |
| | | FERPA | Annually |
| Women's Health | All Staff | Leadership At All Levels | |
| | | Facilitation Tutor (http://www.facilitationtutor.com) | |
| | | Rape Prevention and Education Leadership Training Meeting | Annually |
| Preparedness and Emergency Response Division | All Staff | IS-100.b Introduction to Incident Command System, ICS-100 | |
| | | IS-700.a, National Incident Management System (NIMS) an Introduction | |
| | | IS-200.b, ICS for Single Resource and Initial Action Incidents | |
| | | IS-800.b. National Response Framework, an Introduction | |
| | | IS808, Emergency Support Function (ESF) #8 - Public Health Medical Services | |
| Environment Public Health | Onsite Sewage Systems Program/Plan Review Program | IOWPA Installer Certification | |
| | | IOWPA Inspector Certification | |
| | | Multiple Manufacturers' Certifications | |
| | General Environmental Health Program | Certified Pool Operator | |
| | | Certified Pool Inspector | |
| | | Recreational Water Illness Certificate | |
| | Indoor Air Quality Water Fluoridation Program | CEU to maintain Industrial Hygienist License | |
| HIV/STD | STD Prevention Program | STD 101 from www.cdc.gov | |
| | | STD Continuing Education from www.cdc.gov | |
| | | HIV/STD LHD Training: CT GC Testing for LHD | |
| | | HIV/STD LHD Training: Legal Issues for LHD | |
| | | HIV/STD LHD Training: Lab Issues for LHD | |
| | | HIV/STD LHD Training: STD Resources for LHD | |
| | | | |

| | | | |
|---------|------------------------|--|--|
| HIV/STD | STD Prevention Program | Introduction to Public Health Surveillance | |
| | | CDC Online Syphilis Module | |
| | | Taking a Sexual History | |
| | | Working with LGBT Populations | |
| | | National Community Health Partners: Cultural Competency for the Transgender Population | |
| | | Indiana Prevention Resource Center: Introduction to Motivational Interviewing | |
| | | Indiana Prevention Resource Center: Drug Overview: Marijuana | |
| | | Indiana Prevention Resource Center: Drug Overview: Alcohol | |
| | | Indiana Prevention Resource Center: Drug Overview: Prescription Drugs | |
| | | Indiana Prevention Resource Center: Drug Overview: Cocaine | |
| | | Indiana Prevention Resource Center: Drug Overview: Heroin | |
| | | Passport to Partner Services - Track D | |
| | | HIV Counseling Testing and Referral training with ISDH HIV Prevention Program | |
| | | Phlebotomy training with ISDH labs or another qualified agency | |
| | | Blood borne pathogen training | |
| | | HIPPA Training | |
| | | Minor Consent and Child abuse training | |
| | | STD Database Training | |
| | | Electronic Visual Case Analysis Course | |
| | | LIMSNET online laboratory training | |

